

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Susan Cleveland-Knowles for Sausalito City Council 2017		Date of This Filing 8/3/17	DATE Stamp RECEIVED AUG - 3 2017 City of Sausalito	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-272-7811	I.D. NUMBER (if applicable) pending	Report No. _____	[Signature] 8/23/17	
STREET ADDRESS 590 Sausalito Blvd.	STATE _____	<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sausalito, CA 94965	ZIP CODE _____	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/2/17	Susan Cleveland-Knowles 590 Sausalito Blvd Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, City of San Francisco	2,000.00 <input checked="" type="checkbox"/> Check if Loan 0 _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____